regions. Patient admitted having taken two pills of diachylon four months before because her menses were late. A week after taking the pills she began to feel dizzy and weak. Examination: A pale, thin girl, with a distinct blue line on gums. Patient is drowsy and at times slightly delirious. She can sit up alone, but cannot stand alone. Knee-jerks absent; plantar reflexes well marked. Her arms are rather weak, but not paralyzed. There is a well marked double optic neuritis. Pupils, eye and face movements normal. No anesthesia. Patient's vision was not examined at this time, but the writer thinks she could recognize people and read large type. During the first month in the hospital her condition remained about the same, except that she became more apathetic and drowsy, and a paresis of the left external rectus developed. Her intense headache and the vomiting continued. Then her symptoms gradually disappeared until she was in perfect health. But when the optic neuritis subsided it was found that the discs were atrophied and the patient was blind. The girl has since remained blind. The treatment was the same as in the previous case.

These three cases illustrate most of the symptoms of lead encephalopathy, and show how closely this disorder resembles cerebral tumor. The fact that the severe symptoms did not appear in these cases for such a long time after the taking of the diachylon is interesting as illustrating the slowness of elimination of the lead from the system.

Ransom thinks it curious that so much reliance should be put upon potassium iodide in the treatment of lead-poisoning, when researches seem to prove that it does not increase the elimination of the metal, and he calls attention to the fact that case I. did not begin to improve on potassium iodide until digitalis was added. He thinks that Epsom salts, with light diet and general tonic conditions, the most useful elements of treatment. The writer cites some cases in which diachylon taken to procure abortion produced toxic symptoms other than cerebral, and he discusses the increasing use of diachylon as an abortifacient.

BONAR.

UEBER DEN DIAGNOSTISCHEN WERTH DES GRÄFE'SCHEN SYMPTOMS UND SEINE ERKLÄRUNG (The Diagnostic Value of Gräfe's Symptom and its Explanation). G. Flatau (Deutsche Zeitschrift für Nervenheilkunde, Vol. 17, Nos. 1 and 2, p. 109).

Numerous observers have found that Gräfe's sign (the appearance of the sclera between the upper portion of the iris and the upper eyelid when the eyeball is directed slowly downward) is not pathognomonic of Graves' disease, and may be absent in pronounced cases of this disease and present in other conditions. Flatau has made a study of the cases in Oppenheim's clinic and has obtained the sign in bulbar paralysis, brain tumor, neurasthenia, hysteria, etc., and even in healthy persons. He was able to produce it in his own person at will.

SPILLER.

SEASICKNESS. H. Partsch (Medical Record, June 9, 1900).

A long experience on ship-board has taught Dr. Partsch that previous preparation is unnecessary and useless. Rooms amidships are preferable and good ventilation is extremely important. For the first few days, lie down most of the time, keeping the eyes closed and avoid excitement or tiring conversation. Whenever the slightest sensation of illness is felt lie down at once and close the eyes. Usually only one pillow should be used, and if very ill no pillow at all. Seasickness is the result of the disturbance of the circulatory apparatus and the accumulation of blood in the relaxed abdominal blood-vessels. Retching is nature's method of flooding the brain, and vomiting and nausea are merely incidental, not essential. An abundance of nutritive material is necessary. One should eat about seven times daily, and the sicker the patient the oftener he must eat and the less at a time. When seasick the easily-digested fluids are best, such as ale, porter, stout, broths, soups, and meat extracts, the desires of the patient being considered. Food should always be taken at least ten minutes before arising in the morning, and when the patient is ill food should be taken without raising the head. The worst case of retching will be easily made comfortable in at least thirty minutes, by lying down without a pillow, closing the eyes and taking a pint of stout in six doses at five-minute intervals. Another food is made by mixing the yolks of two raw eggs with an equal amount of brandy and giving a teaspoonful at ten-minute intervals. The best time to take any beverage or food is just after a paroxysm of retching. Should it be taken before and thrown up, then take another dose immediately afterward and that will stay down. Severe headaches may be controlled by bromide of sodium in thirty-grain doses, to be repeated in one hour. JELLIFFE.

HEREDITARY EPILEPSY FOR FIFTY YEARS' DURATION CURED BY AN ATTACK OF HEMIPLEGIA.

Brunet relates the following case in the *Archives de Neurol*, 1900 (LX), March, p. 224.: Patient a female, born in 1812. Entered Charitè as insane in 1857; father was an epileptic in the same asylum. First convulsion occurred when seven years of age and after scarlatina. In the observation period she had convulsions every week or fortnight, followed by delirium. In 1857 she suffered an incomplete left hemiplegia. During the next three years her convulsions gradually diminished, and from 1860 to 1877 she had no attacks; in 1877 she died of apoplexy. In 1871-1872 she was very carefully watched by both day and night for the seizures. Her mental state improved at this time, dating from cessation of attacks. CLARK.

THERMO-ELECTRIC STUDIES ON THE EPILEPTIC BRAIN.

Mirto, of Palermo (*Annali di nevrologia*, 1900, fasc. VI, XVII) has studied the case of an epileptic boy aged 15, who sustained a fall in early infancy from which resulted a breach in the skull. This was covered with hairy scalp through which the pulsations of the brain could be seen. The seat was the posterior portion of the left parietal region. The case appeared to be one of typical epilepsy. Experiments were made upon this patient with the thermo-electric battery somewhat after the manner of Mosso in his experiments on the temperature of the brain. During an epileptic paroxysm the cerebral temperature was elevated. A diagram of the curve is given and the deviation is seen to be 2 mm., which is equal to 1-5 of a degree. JELLIFFE.

GEFAHREN DER LUMBALPUNCTION; PLÖTZLICHE TODESFÄLLE DANACH (Dangers of Lumbar Puncture; Sudden Death Following). F. Gumprecht (Deutsche med. Wochenschrift, No. 24, 1890, p. 386).

One of the dangers of lumbar puncture is the breaking of the needle while it is still inserted in the patient. Gumprecht has collected the reports of fifteen cases of sudden death following lumbar puncture, and adds two cases of his own. It cannot be asserted that the lumbar punc-